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ABSTRACT

The document details staff training methods and activities used at the Chapel Hill Preschool Project for Developmentally Handicapped Children. Population targets of training efforts are explained to include not only the project's immediate staff but also parents, volunteers, and the community. The staff training program is explained in terms of its five components: needs assessment and establishment of training objectives, organization (structuring and scheduling) of training, content of training, methods, and trainers. More briefly described are the training programs for parents, volunteers, and community. Supplementary material includes guideline materials and forms distributed to volunteers and parents, various student and program evaluation forms, and the Carolina Teacher/Teacher Aide Roles and Responsibilities Scale. (KW)

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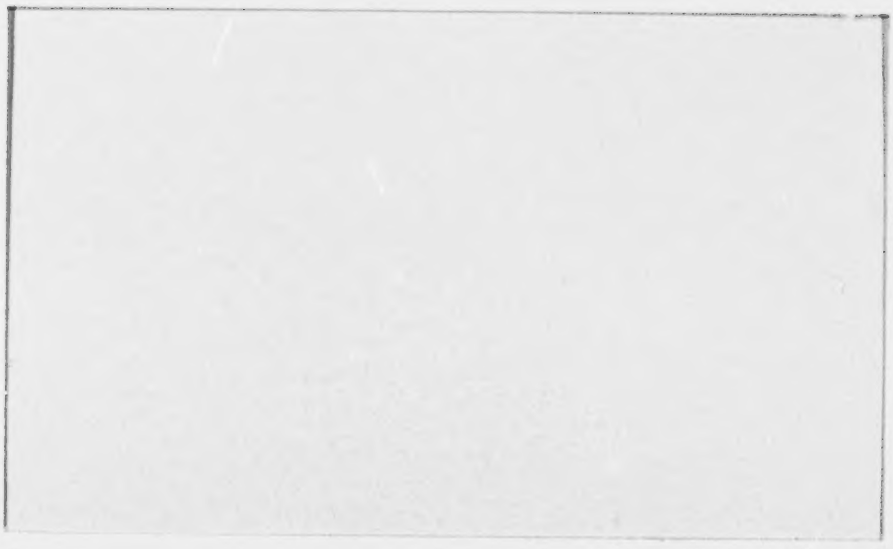
EARLY CHILDHOOD EDUCATION FOR HANDICAPPED CHILDREN

THE DEPARTMENT OF SPECIAL EDUCATION

THE UNIVERSITY OF TEXAS AT AUSTIN

STAFF TRAINING

A PROTOTYPE



A PUBLICATION OF:
Staff Training of Exemplary Early Childhood Education Centers for Handicapped Children

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THE UNIVERSITY OF TEXAS AT AUSTIN

Program for Staff Training of Exemplary Early Childhood Centers

for Handicapped Children

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U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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P R E S E N T S

THE STAFF TRAINING PROTOTYPE SERIES

STAFF TRAINING IN A PUBLIC SCHOOL SETTING

by

Don Taylor

Vol.II No.8

Project Director
Chapel Hill Preschool Project for
Developmentally Handicapped Children

The project presented or reported herein was performed pursuant to a Grant from the U. S. Office of Education, and Welfare. However, the opinions expressed herein do not necessarily reflect the position or policy of the U. S. Office of Education, and no official endorsement by the U. S. Office of Education should be inferred.

STAFF TRAINING AT THE CHAPEL HILL PROJECT

Staff training in the Chapel Hill project rests on four major assumptions. The first assumption is that the primary goal of staff training is to improve the quality of learning experiences for preschool handicapped children, including not only the children directly enrolled in our project, but also handicapped children throughout the state of North Carolina. The second assumption is that the learning experiences are not confined to the dimensions of the four preschool classrooms our project operates in three other school systems, or to the classrooms of other projects; rather, they go on in the community at large and especially at home. If the first and second assumptions are valid, then in our view a third assumption follows: the population to be trained is not limited to our immediate staff of four teachers, four teacher assistants and three coordinator-administrators, but also includes all persons who share responsibility for the learning experiences of handicapped children: families, volunteers, personnel from other agencies, the community at large. A final assumption is that training is the business of all of our staff, and that those who receive training should also be involved in the training of others.

Lest we be criticized for harboring delusions of grandeur, let me hasten to add that our primary concern is the training of our staff, our parents, our volunteers, our student interns---

that is to say, those people who have some input into the program that we are operating. However, taking a broad view of staff training has permitted us to give the project a much greater impact. That is, wherever possible, staff training, parent program activities and demonstration efforts are combined, if the training needs of our immediate staff coincide with the training needs of other populations as is often the case.

Briefly, let us describe the population targets of our training efforts:

The first target, obviously, would be the training of our immediate staff: the teachers, the teacher assistants, the coordinators that we mentioned earlier.

The second target population are the families. Here we include not only the parents, but also the siblings of the children that we serve in the project.

A third population is the students that are gaining practicum experiences and also helping the children in our project. These include special education students, recreation for the handicapped students, social work interns, speech interns, and interns from psychology in the school of psychology.

A fourth population is that of the volunteers that work in the project. This includes young people from the community at large: kids in youth ARC, kids in the CYO and in scouting programs. It also includes University students from all kinds of different programs at the University and young people or

students or pupils from the various elementary schools where our project classes are housed.

The fifth population is that of the public schools. Being a public school project means that you have to and should cooperate and coordinate as much in the area of training as is possible. School systems in North Carolina, and I assume in the other parts of the country, are really dying to have someone help them with training problems. We have tried to become an integral part of the school systems in which we work by helping out with training in those school systems. This includes not just the regular teachers, but the special education teachers, the administrators and the pupils in those schools.

A sixth population target for training is the community at large including civic groups, people from regular private nursery schools, people from day care centers that are operating in the community.

A seventh population group is the policy makers within the state. This includes people from the Governor's Council on Mental Retardation, people from the State Department of Public Instruction, members of our advisory council, legislators, anyone that we can buttonhole for a few mintues to try to sell them on the needs of handicapped children within the state of North Carolina.

Now let us take a specific look at the conceptual model or form of our training and fit that model to the population to be

emphasized in this presentation: the immediate staff of the Chapel Hill project - Coordinators, Administrators, Teachers, Teacher Assistants, Student Trainees, Parents and Volunteers.

The model we employ consists of five components:

The first component is Needs Assessment and the Establishment of Training Objectives. The objectives range from specific skills and techniques through understandings and information to attitudes and feelings related to handicapped children.

The second component is the Organization of Training. This has to do with structuring and scheduling and programming training so that training does not get lost in the shuffle.

The third component consists of the Content of Training. That is what actually goes on in training sessions. We will talk more about this later.

The fourth component consists of the Methods of Training. The fifth component consists of the Trainers, the people who are going to be doing the training. Largely, the trainers in our project are the staff members and the parents. Being a school-based program means that you do not have as many resources for consulting help as you might otherwise have. So we feel that largely the burden of training rests on the staff of the preschool project.

I would like now to fill out this model in relation to the immediate staff of our project. The first component of the model concerns the assessment of training needs and the identi-

fication of training objectives. A major part of the assessment process and one that is easily overlooked, is the evaluation, review and revision of project goals and objectives. Training needs and objectives are related directly to the needs of children, and thus to the goals of the project. In our view, the overall project goals should not be as fixed and rigid as the objectives listed in our project proposals. If objectives are based on needs, then we must be sensitive to shifts in needs which would then dictate changes in objectives. If service needs and objectives change, then training programs should also change. Simply stated, one way of assessing training needs and determining training objectives is to systematically scan and evaluate what you are doing with children and families and how well they are doing.

A minor, but to us important and interesting part of our assessment process is related to the specific area of teacher-teacher aide roles and relationships. To get at this possible problem, Mike Hennike and I, with the help of our staff, especially the teacher assistants who advised us as to what the components of this particular scale should be, devised a scale which we call the Teacher-Teacher Aide Roles and Responsibilities Scale, or TTARR Scale, in honor of North Carolina. There is a copy of the TTARR Scale in your handout materials. We use this scale to find out how teachers and aides view their respective roles in relation to many of the specific functions and tasks

that they carry out in the classroom, and then to begin to explore with them the possibilities for altering and expanding these roles. This instrument then was used in lieu of a written job description for a teacher assistant because we felt that a fixed concrete job description might hem in our aides and make it difficult for them to grow with the project and to really benefit from the kind of training that we hoped to offer them. Other assessment approaches include the use of a variety of scales and instruments of various sorts, attitude surveys of parents and volunteers, needs and interests inventories for parents and volunteers, interviews with families and volunteers and interns, just being receptive and listening to and looking at what is going on in the project, both in the classroom and outside the classroom.

Organization.

Once training needs and objectives are specified we feel that it is important to systematically structure staff training as an ongoing integral part of the project. That is, staff training programs should not be dependent on incidental learning or catch as catch can consulting or serendipitous supervision. This does not imply an inflexible approach, but we do mean to state emphatically that we believe staff training should be scheduled and systematic.

In an attempt to provide for ongoing training our project

utilizes these major organizational components:

1. A pre-service program lasting for two weeks prior to taking on staff responsibilities.
2. Weekly in-service staff training conferences.
3. Systematic on the job supervision, including follow-up conferences.
4. Built-in opportunities for intra- and inter-project observations.

Within this organizational framework we find that we can meet most of our training needs. The other needs are met through formal coursework, and participation in workshops, and training programs conducted by other agencies. Let me briefly describe some of these organizational components now.

Pre-Service Training.

The first of these is Pre-Service Training. Prior to the opening of the four classes operated by the project in September of 1970, we involved the staff in two weeks of pre-service training. All of the teachers on the staff had received some training during the pilot or planning grant year. In fact, three of the four teachers had served as teaching interns for nine months during the planning grant period. We thought this was a very fortunate thing to have three teachers who could step into the operational phase of the project after having trained with us for one entire year under our planning grant. Two of the teacher-

aides had served as volunteers during the planning period and the remaining aides were experienced in working with preschool children in other agencies. So we started pre-service training with most of our staff having already had a good deal of training during the planning year.

We were fortunate in yet another way in carrying out our pre-service program, in that we were able to call on various staff members of the Division for Disorders in Development and Learning of the Child Development Institute of the University of North Carolina. Seventy-five percent of our children are evaluated by this agency, and we felt one emphasis of pre-service training should be on the diagnostic process on which the learning program of the children would be built.

So we spent many sessions going over the diagnostic instruments and assessment techniques that were used with our children by an array of disciplines, including Social Work, Speech and Hearing, Psychology, Occupational and Physical Therapy, Psychiatry, Pediatrics, Nursing and Nutrition. In addition to that we had Dr. Dave Lillie from the Special Education staff of the University of North Carolina who helped us out in the education or teaching part of our pre-service program. Both live and VTR demonstrations were utilized so that training consultants not only talked with our staff about child assessment but were able to show the process. This phase of pre-service also incorporated a good deal of normal child growth and development.

The last week of pre-service training was focused on reviewing the diagnostic information contained in the children's folders, home visits, and preparation to begin working with the children. This included the planning of learning experiences that would meet the needs of children already screened.

Woven into the major themes of pre-service were some threads that we think paid later dividends. These included one day of total staff brain-storming about possible problems and possible solutions. Brief as it was, this session, conducted beside a small lake in the woods, helped set a relaxed and open tone for the staff that I think has continued through the year.

A second minor theme was a day-long session on supervision, included in our training program at the suggestion of Anne Sanford. With the help of a consultant, Anne and the teaching staff got into the roles of supervisor and supervisee and the process of supervision, culminating in critique role playing sessions.

A final minor theme concerned some ice-breaking in the area of teacher-teacher aide roles and relationships, which led us to begin work on the TTARR Scale referred to earlier.

Weekly Staff Training Conferences.

Another organizational component and one of the most meaningful of all the components in the staff training program is the weekly staff training conference, led by Anne Sanford. This con-

ference rotates among the four classrooms. Remember that these classrooms are spread out over three school systems and that one of them is located in the Division for Disorders in Development and Learning Center, so the conference rotates among these four classrooms with the host teacher and aide having the responsibility of demonstrating and discussing techniques and learning materials, that they have developed and used successfully, and sometimes a particularly interesting child may be presented as a case presentation. Here too, we employ VTR as a means of demonstrating, with each teacher being the director/producer of that particular tape. That is to say, we go in and tape what the teacher wants to demonstrate for the staff training sessions that week. In addition, the training conferences include inputs from either the coordinating staff or a consultant. We feel that such a system insures total, continuous staff involvement as both trainees and trainers. It also facilitates sharing and cooperation among the four classroom centers, and permits us to pay appropriate attention to the creativity of teachers and aides.

Supervision.

Along with the weekly training conferences, we employ supervision as a major ongoing part of the staff training process. Supervision, to us, involves observation, feedback, and assistance, with growth and development of skills and knowledge as goals. Although the major responsibility for supervision rests

with the staff training coordinator, both the parent and evaluation coordinator and myself provide some supervision.

Steady supervision allows for the individualization of training, and leads to the development of skills appropriate for specific child and teacher needs.

The dual roles of supervisor and supervisee have been encouraged and developed in the supervisory conference.

The supervisor, in this case Anne, frequently serves as substitute teacher or aide in the classrooms, and this experience is one of the most valuable experiences that goes on. The fact that the training coordinator can step into the classroom and work with the kids that the teacher has been working with really aids in maintaining close contact with child progress and the kinds of problems that the staff may be having in the classroom.

Pupil evaluation sessions with the supervisor provide opportunities for assessment of the appropriateness of learning objectives and methods for meeting these objectives.

Observation, Inter- and Intra-Project.

I stated earlier my belief that staff training should be a built-in part of the total project. However, one of the dangers is walling in staff training by failing to look beyond the confines of your classroom or project walls. One way to reduce this risk is to investigate what's going on in your area in the way of programs for children, and to just simply invite yourself over. Don't neglect the good things going on in your own project

either.. But site visits and observations need some structuring too, through providing the staff with an opportunity to step out of their roles and take the time to look at the way others do things. Members of our staff have observed in another H.C.E.E.A.A. project, in institutions for the retarded, in pre-school programs for hearing impaired, orthopedically and mentally handicapped children, and in regular nursery and kindergarten programs.

Content.

The Content component that we mentioned is so open-ended that I will just list some of the topics and processes that have been emphasized in our training. These include the various areas of curriculum development, normal child growth and development, assessment and evaluation procedures, teaching strategies, techniques for working with parents and families, community services, teacher-teacher aide relationships, learning materials production, utilizing and supervising volunteers, and planning and evaluating field trip experiences.

Training Methods.

Another component is that of Training Methods. In this component, one of the most frequent approaches we use involves sequencing the methods of demonstration of the skill, materials, or process being taught; followed by role playing by the trainee;

and culminating in VTR micro-teaching and critique. This is the idea of first modeling or demonstrating for the trainee and then letting the trainee try it out in a role playing session and finally getting a chance to utilize that skill with children and then having an opportunity to confront himself with videotape recordings and to critique what he has just gone over with the kid. This we feel is an especially efficient method of training in the use of specific skills, such as modeling and prompting and using behavior modification. Other methods include group discussions, individual conferences and the use of professional readings. At this point, let me to out on a limb and make an entirely subjective comment about specific methods in staff training. Initially, the specific training method is of great importance. Once basic skills are developed, the staff member must begin to function as a professional; which to me means assuming a great deal of the responsibility for training oneself. What is more important, as far as I am concerned, is organizing the training program in such a way that opportunities and resources for training are provided to the staff.

Trainers.

The final component of the model we use consists of the trainers who actually do the training. I hope we have been able to get across the message that primarily staff training is carried out by our staff. This includes not only Anne Sanford,

our training coordinator, but also the teachers and aides, the evaluation and parent program coordinator, and even the directors. We are fortunate, as I have said before, in our affiliation with the D.D.D.L., which provides us with consultants; and we have drawn on outside consultants for training in the areas of recreation, behavior modification and curriculum development. However, as we said earlier, we do feel that as a public school based project, the major responsibility for staff training rests with us.

Parents.

How do parents fit into the model for training that we are utilizing? The emphasis within our parent program is primarily on the training and education of the total family related to the needs of and problems presented by their handicapped child.

Assessment: Assessment of the training needs of parents began with the interviews and home visits conducted at the beginning of the year. The staff elicited from parents information concerning problems their child might be having at home, and at that time we set the stage for various family-work programs. We also administered an attitude scale to parents and later we conducted follow-up surveys, asking parents to tell us in what ways we could be helpful to them, using an instrument we call the Priority of Services to Parents Scale. In addition, at the

initial parent meetings conducted early in the year, we simply listened as parents talked about their needs, both as a group and as individuals.

Organization: Based on the expressed needs of parents and with their help, we mapped out a variety of activities which would meet those needs. These activities include:

1. Parent-Teacher child-progress conferences.
2. Periodic large and small group parent meetings.
3. Individual conferences with parent and training coordinators for guidance, counseling and assistance.
4. A series of training workshops - patterned after the demonstration workshops that we do all over the state for other projects.
5. A monthly newsletter (see handout explaining function of the newsletter).
6. A sibling program, which is directed towards teaching kids to interact more meaningfully with their handicapped sib and towards expressing and sharing feelings, concerns and problems related to having a handicapped sibling. This was a component of the parent or family program that came as a suggestion of the parents. Parents began to tell us that they wished there were some activities that we could get the kids involved in, in understanding the handicapped child, the home, etc.

So we have set that up, conducted by our social work intern and one of the recreation for the handicapped interns, with our family coordinator serving as supervisor.

7. Setting up home programs for children, emphasizing informal and pleasant parent-child experiences and where indicated, concentrated home behavior modification programs.

Content: The content of these organized activities continues to be broad-ranging. It has included learning about state and local services and programs for the handicapped, instruction in specific skills such as behavior modification, task analysis and the sequencing of learning experiences, activities as volunteers, selecting and making learning materials for use at home and so on.

Methods: The methods we used in training parents have included crisis intervention, family counseling, role playing, live and VTR demonstration and micro-teaching.

Trainers: The staff primarily, but also on occasion D.D.D.L. consultants and more recently, other parents now serving as trainers.

Volunteers.

Volunteers range from parents, college and high school

students, elementary students, young people from various organizations such as scouts, and church groups like the CYO. The assessment we use there is very limited, primarily the administration of an attitude scale. We have worked up one now for young children as part of the sibling program. The organization for working with volunteers includes orientation groups and individual conferences, just introducing the volunteers to the overall goals of the project, to the staff and to the kids. The content here is very similar to some of the content for both parents and immediate staff except we do not involve them in as many specific things like behavior modification. You will note in your handouts an Orientation for Volunteers packet.

Community.

In order to initiate maintain, and support innovative programs for handicapped preschoolers it has been necessary to educate local communities to the needs, efficacy and potential of such services. The Chapel Hill Project strives to elicit community involvement through training. That is, many of the training experiences and services we provide through the project for parents and for staff are also made available to various community members and organizations. In addition, special programs for civic clubs are carried out.

Some specific populations in the community receiving project training include: local Associations for Retarded Children, Cub

Scouts, Girl Scouts, elementary school classes, church youth groups, and local nursery school teachers as well as nursery school teachers from all over the state---about 500 have gone through one of our workshop programs.

The rationale for such a focus of training is emphasized in the number and quality of programs available for handicapped children in the state; we just do not have many. The policies of inclusion and exclusion of the handicapped child from normal day care programs point out the need for educating community personnel.

The average person's lack of knowledge concerning the handicapped child prompts those in the field to provide training and attempt to help community people develop insight into some of these problems.

Project staff members have conducted programs for Association for Retarded Children groups and all other local civic organizations that we could get to open the doors to us. We have also begun working with some of the regular nursery schools, simply trying to get a regular private nursery school to take on one of our kids in the afternoon. We started this venture with a little Downs Syndrome girl. We felt that one way of educating these people to the needs and problems and also to the potential that these children have is to get one of them in their regular program. We did this very carefully, with Anne going over and

surveying what kinds of skills this child would need to make it in the regular nursery school program. We went back to the classroom and trained this child in these particular skills. She fitted in beautifully. We followed that up with some supervision to make sure that everything got off to a smooth start. I think that was one of the most effective things that we have done toward training people in the sense of trying to get them to change their attitudes about excluding handicapped children from their program.

As an outgrowth of these experiences have come dedicated volunteers, letters of support to policy makers, innumerable teaching materials and referrals of children to the project.

I might say that this notion of working with community people and state level people has begun, I think, to pay off some dividends. Just recently we have a law, or at least an amendment to a law, in the state of North Carolina that will allow school systems to use special education teacher allotments for preschool projects for handicapped children as young as three years of age. We like to feel that we had a lot to do with getting that changed.

Now for a brief narrative description and pictorial view of total staff training in our project.

1. It begins with a focus on the needs of the children we serve directly in our project.
2. But it also includes children from other school programs and projects.
3. Helping to train others in developing meaningful learning and living experiences appropriate for young children.
4. Attempting to get across the message that young children learn through expressing their own thoughts.
5. That they also learn through appropriate adult interaction.
6. As well as from properly structured teacher-directed activities.
7. Training means helping a teacher learn to confront herself through the medium of VTR and the method of micro-teaching.
8. And suggesting curriculum development and learning experiences.
9. Training within a school system also means involving the children in the schools through helping them to develop an understanding of handicapped children.
10. Developing their interests and concerns through group discussions.
11. Finding ways for them to experience what it means to be handicapped or have a sensory impairment.

12. And giving them an opportunity to put their understanding
13. and interest into activities such as the construction of learning materials.
14. Staff training involves the families of handicapped children.
15. Parents in group meetings and planning sessions.
16. Working together with the staff in constructing an effective learning environment for their children.
17. Getting a chance to talk about their child with that child's teacher.
18. Having an opportunity to observe their child as he goes through daily activities.
19. Being a volunteer for field trips and learning how to help a child experience the world.
20. Finding empathetic listeners with whom to talk over a child's problems.
21. And getting instructions and materials for carrying out a home program.
22. Training for the family means working with siblings as well--letting them see how much their handicapped brother or sister can do.
23. Training for the staff means weekly conferences where ideas are shared.
24. A chance to see others work with children.

25. It means supervisory conferences with a master teacher.
26. It also means being in the objective eye of the video camera.
27. Then confronting yourself with the assistance of others.
28. Training also means learning from a consultant - how to evaluate a child's needs.
29. And then putting it all together with a little help from your friends.
30. In many learning activities and experiences for kids.
31. Including everyday things like eating lunch.
32. Getting ready for story time.
33. Laughing about the story they just heard.
34. And some not so everyday things that really turn kids on.
35. It means getting out into the community to see what's going on.
36. And knowing where to find the biggest Easter bunny in town.
37. Training also means educating the policy makers in the stat about the needs of handicapped children.
38. And trying to influence decisions that are made.
39. Within these walls
40. At the various levels of state government.
41. But whatever else training means
42. It culminates in this:
43. Meeting the needs of children.

Education of the

Developmentally Handicapped Preschool Child

CHAPEL HILL PRESCHOOL PROJECT FOR DEVELOPMENTALLY HANDICAPPED CHILDREN

TRAINING PROGRAM

Donald E. Taylor
Project Director

funded by
U.S. Office of Education
Bureau of Education for the Handicapped
Washington, D.C.

CHAPEL HILL PRESCHOOL PROJECT FOR DEVELOPMENTALLY HANDICAPPED CHILDREN

TRAINING PROGRAM

Training Targets	Training Needs Assessment	Organization	Content	Methods	Trainers
Staff	Observation and Evaluation Review and Revision of Project TTARR Scale Objectives Review and Revision of Learner Objectives STAR Scale Group Conferences Individual Conferences Child Assessments	Pre-Service Training Weekly Staff Training Supervision Individual Conferences Formal Course Work Observation - Intra- and Inter-Project Workshops With Other Programs	Curriculum Areas Materials Teaching Strategies Child Growth and Development Parent Programming Prescriptive Teaching Diagnostics Project Evaluation Child Conferences Information About Related Programs	Demonstration - VTR and Live Micro-teaching Role Playing Lecture-Discussion Group Discussion Individual Conferences Site-Visits Readings	Staff Special Consultants DDDL Consultants Parents Volunteers School System Staff
Parents and Families	Priority of Services Scale Attitude Scale Group Discussion Individual Conferences Sibling Invitation Sibling Interview Case Records from Diagnostic Clinic	Small Group Meetings Large Group Meetings Individual Conferences Home Visits Observation Workshops Newsletter	Planning Project Orientation Curriculum Methods Feelings and Concerns About Child Discipline Siblings Other Community Services	Demonstration VTR Role Playing Group Discussion Individual Conferences Readings Lecture	Staff Special Consultants DDDL Consultants Other Parents Community Agencies

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Training Targets	Training Needs Assessment	Organization	Content	Methods	Trainers
Students (Special Education; Speech; Social Work; Psychology; Recreation)	Project Objectives Child Assessments University Training Program Objectives Survey of Individual Background	Pre-Orientation Practicum Rotation Staff Training Conferences Site Visits Supervision	Child Growth and Development Curriculum Development Teaching Strategies Child Assessment Materials Instructional Planning Work with Families	Micro-Teaching Demonstration Role-Playing Observation Group Discussion Readings	University Staff Project Staff DIT[illegible] Consultants Other Consultants
Volunteers	Group and Individual Conferences Observations Volunteer Attitude Scale	Pre-Service Orientation Supervision Workshops	Materials Problems of the Handicapped Tutoring Recreation Self-Help Skills Language Development	Demonstration Role-Playing Observation Group Discussion Individual Conferences	Project Staff
Schools	Observation Group and Individual Discussions	Consultation Workshops Regular In-Service Sessions	Project and Program Planning and Evaluation Maintaining Handicapped in Regular Program Curriculum Development Teaching Strategies Materials Parent Program	Micro-Teaching Group Discussion Demonstration Role Playing Observation	School Staff Project Staff

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Training Targets	Training Needs Assessment	Organization	Content	Methods	Trainers
Community (ARC; Scouts; Elementary Students; Church Groups; Nursery School Teachers; etc.)	Number and Quality of Existing Programs for Preschool Handicapped Exclusion and Inclusion in Normal Programs Ignorance Regarding Handicapped Child	Attend Meetings of ARC Speak to Scout Council Attend Meetings Materials Production Workshops Supervise Attendance of Handicapped Child in Nursery for Normal Children	Need for Preschool Programs Causes of MR and Other Handicaps Prevalence Efficacy of Structured Program Curriculum Materials Methods of Teaching Acquaintance With Handicapped Children Ways in Which This Population Can Be of Help	Demonstration (Live and VTR) Observation Lecture Workshops	Staff
Policy Makers (Governor's Council on MR; State Dept. of Education; School Administrations; Mental Health School Boards; Southeastern State Programs Mental Retardation Training Institute)	Review of Training Programs for Preschool Handicapped Teachers Requests for Consultation Review of State Programs for Handicapped Pre-Schoolers	Consulting Workshops Attendance at Conferences	Needed Local and State Programs and Services Efficicacy of Preschool Programs	Demonstration (Live and VTR) Lecture Discussion Individual Conferences	Staff

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Education of the
Developmentally Handicapped Preschool Child

CLASSROOM VOLUNTEERS

October, 1970

Prepared by

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HCEEAA Preschool Project
for
Developmentally Handicapped Children
Chapel Hill City Schools
Chapel Hill, North Carolina

Funded by
U.S. Office of Education
Bureau of Education for the Handicapped
Washington, D.C.

The Chapel Hill Pre-School Project encourages the participation of volunteers. Our children can gain great benefit from one-to-one interactions with concerned adults, and we feel that your contact with our children may serve to further your concern for and interest in the kinds of children we serve.

There are a few basic facts about the pre-school project that may be of interest to you.

1. The Chapel Hill Preschool Project is primarily funded by the United States Department of Health, Education and Welfare, Bureau of Education of the Handicapped, under the provisions of the Handicapped Children's Early Education Assistance Act. The project is administered by the Chapel Hill City School System and all project staff members are employees of the Chapel Hill City Schools. In addition, we receive the cooperation and support of the Durham City Schools, Durham County Schools, the Division for Disorders of Development and Learning (D.D.D.L.) of the Child Development Institute of the University of North Carolina, the Duke Developmental Evaluation Clinic, the State Department of Public Instruction, and the University of North Carolina School of Education, Department of Special Education.

2. Our primary responsibility is to serve the educational needs of pre-school developmentally handicapped children. To meet this responsibility we operate four classrooms in the following locations: Lincoln Elementary School, Chapel Hill; Memorial Hospital, University of North Carolina; Lakeview Elementary School, Bragtown, North Carolina; and Lakewood Elementary School, Durham, North Carolina.

   Each class is under the direction of a teacher with a Masters degree in Special Education. The teacher is aided by a trained teacher-assistant. Six children are assigned to each classroom. The classes are operated Monday through Friday, from 8:30 to 1:30, and follow the schedule of the local host school system.

3. Another important objective of the project is the development and modification of methods, materials and curriculum for teaching young children. We also are responsible for demonstrating and disseminating the techniques used in our program. We are reaching this objective by sponsoring and participating in workshops and other educational programs for persons who staff other pre-school and day-care centers, and through providing printed materials describing various aspects of our program.

GUIDELINES FOR VOLUNTEERS

1. Please fill out the Volunteers' Data Sheet attached to this form. All volunteers must be interviewed and approved by the Director.

2. Make sure that the teacher in whose classroom you work knows your volunteer activity schedule, including the last day you will be working with our project. If you do not presently know your termination date, please let us know as soon as possible.

3. Be consistent and responsible in following your schedule. Let us know in advance if you plan to be absent. This is important because some of our planning may depend on your being in the class at certain times.

4. You are directly responsible to the classroom teacher while working in our project. Do not undertake any activities involving project children without consulting the teacher.

5. Many parents and professionals will be observing in our project. Please be considerate and sensitive in how you talk about project children in the presence of others.

6. Volunteers should not have access to the case folders of children in the project.

7. Teachers are not responsible for training volunteers beyond that training which would directly facilitate the immediate usefulness of the volunteers.

8. Volunteers should not be allowed to dispense rewards or reinforcers other than social <u>unless</u> they are trained or supervised by our staff in using this technique.

9. Members of the project staff will be happy to answer questions concerning the project. Our offices are located in the Lincoln Elementary School Annex on Merritt Mill Road. Telephone: 967-4271.

Thank you,

Don Taylor

Don Taylor
Director, Preschool Project for
Developmentally Handicapped Children

VOLUNTEER DATA SHEET

1. Name_____

2. Local address and phone number_____

_____

3. Referred to our Project by whom?_____

4. What hours and days will you be working in our project as a volunteer?

Time_____Days_____

5. What previous experiences have you had with handicapped children?

_____

_____

_____

6. If your volunteer work is a requirement for a course you are taking, what is the nature of the requirement?

_____

_____

_____

_____

_____

7. What are your objectives in volunteering to work in our project?

_____

_____

_____

_____

_____

SUGGESTED ACTIVITIES FOR VOLUNTEERS

1. "Sitting in" with teacher or teacher-assistant during individual lessons. This should help give the volunteer a chance to observe closely the teaching-learning interaction. The teacher or teacher-assistant may wish to interpret or explain this interaction to the volunteer.

2. Volunteers may be used to teach individual lessons, using the plan and materials provided by the teacher.

3. A volunteer might plan and carry out an individual lesson, with the approval of the teacher.

4. Volunteers could be used to assist with snack and lunch times.

5. Certain group learning activities, such as reading or story time, might be conducted by volunteers.

6. Simple frequency-count data recording might be done by volunteers.

7. Volunteers may assist the teacher in conducting field trips.

8. Playground and recreation activities might involve volunteers.

9. Volunteers might be asked to make instructional or decorative materials.

VOLUNTEER ATTITUDE SCALE

Please fill out the following scale. There are no right or wrong answers. We are interested in your opinions. Write in the letter which fits your feelings.

Strongly agree: SA
Agree: A
Strongly disagree: SD
Disagree: D

____1. It is more important to have close home/school relationships with handicapped youngsters than with normal children.

____2. Parents of handicapped children should be taught how to teach their children.

____3. Parents of handicapped children have basically the same concerns as parents of normal children.

____4. Parents of handicapped children are less well adjusted than parents with normal children.

____5. A handicapped child needs to be with his parents more than other children.

____6. With a few exceptions, pre-school programs are not necessary for handicapped children.

____7. The typical special pre-school program is in reality a watered down regular kindergarten.

____8. The materials for retarded children are basically lower difficulty level but otherwise the same as used for other children.

____9. Pre-school children who are handicapped need intensive intellectual stimulation.

____10. With intensive remediational efforts in the areas of disability, these children will reach near normal levels.

____11. Handicapped children present a greater challenge to the teaching staff.

____12. Teachers of handicapped children have a different personality than regular classroom teachers.

____13. It is personally more rewarding to work with handicapped children than normal children.

____14. Normal children are easier to relate with than handicapped children.

Strongly agree: SA Agree: A Strongly disagree: SD Disagree: D

____15. Normal children are more of an intellectual challenge than retarded children.

____16. We should care for our handicapped children, but more should be done educationally for gifted, since they are our real assets.

____17. Handicapping conditions are irreversible.

____18. Institutionalization with severely handicapped children is, considering our current techniques, almost certain.

____19. It is easier to choose a lesson objective for a child who is retarded than for a normal child.

____20. Retarded children are easy to please.

____21. Handicapped children deserve all the sympathy they get.

____22. Most professional people have too much training in areas that are useless.

____23. Special techniques with retarded children are fine, but what really works is affection and concern.

____24. Retarded children get more than their share of professional time.

____25. Retarded children should be given more freedom of choice in their activities.

____26. We tend to regiment handicapped children too much.

____27. Emotional problems in handicapped children are from expecting too much of them.

____28. Emotional problems in handicapped children stem from their handicapping conditions.

____29. You should not punish a handicapped child, because only a positive orientation is effective.

____30. You should not exclude a retarded child from the group lesson because of disruptive behavior.

____31. Knowledge of normal children does not help in working with retarded children.

Strongly agree: SA Agree: A Strongly disagree: SD Disagree: D

____32. Working with handicapped children requires more patience than working with normal children.

____33. Less able teachers are more secure in working with retarded children since they do not question what is going on.

____34. Residential institutions are best able to meet the retarded child's total needs.

____35. Retarded children have a negative self concept because they really cannot do many of the things normal children can do.

____36. Retarded children should be segregated from normal children because if not they realize how slow they are.

____37. Retarded children should be kept at home where they are loved and cared for.

____38. Most professionals are too businesslike; i.e., impersonal and distant.

____39. It is best to work on correcting the child's disability rather than to try to improve his existing strengths.

____40. We really do not know the worth of pre-school education for handicapped children.

____41. Lessons for pre-school children should be interesting enough to avoid the use of candy, trinkets, etc. as a reward.

____42. Reinforcement theory and behavior modification violate the child's basic individual freedoms in a democratic society.

PARENT ATTITUDE SCALE

Please fill out the following scale, answering the questions as they relate to your child. There are no right or wrong answers. We are interested in your opinions. Write in the letter which fits your feelings.

Strongly agree: SA Agree: A Strongly disagree: SD Disagree: D

____1. My child needs a special education program.

____2. My child should be given the same learning experiences as other children when older.

____3. I feel that my child should be with regular class children.

____4. Although special in some ways, my child needs the same things as most children.

____5. The special class teachers need to know my child better.

____6. I think that with special instruction my child can learn many new things.

____7. The parents teach children as much or more than the teachers.

____8. I have reservations about what pre-school programs can really accomplish.

____9. Pre-school programs are handy because they also provide babysitting.

____10. In my opinion there is really nothing that special about the special program.

____11. The biggest benefit in special education to my child is the individual adult (teacher) attention.

____12. In pre-school education the main thing my child will learn is to get along with people.

____13. Learning basic skills in class is more important than getting along with other children in the class.

____14. I can teach my child as well as anyone can.

____15. Pre-school education has made me more aware of my child's learning difficulties.

____16. After the pre-school program my child will be more sociable.

____17. After the pre-school program my child will be physically more capable.

____18. The pre-school program should above all else help my child adjust in this world.

____19. I would rather my child play than have him sit and learn his colors.

____20. The pre-school program should concentrate on teaching my child self-help skills.

____21. My child should be given school work at which he will be 90% successful.

____22. I think my child's pre-school teachar should share her teaching skills with me.

____23. Regardless of how good the pre-school program is, the stigma still is there.

____24. As a parent I have sole responsibility for teaching toileting, tooth-brushing, dressing, etc.

____25. I need an educational home program for my child.

____26. My goals for my child have been raised because of the pre-school program.

____27. The pre-school program should increase my child's intelligence level.

____28. With all the time and effort, my child should learn to do a lot more than before the program.

____29. The success of the pre-school program is measured by how well the children like it and not so much by how well they learned.

____30. The pre-school program is a lot like a nursery school.

____31. Although helpful, the pre-school program probably will not change my child's evantual school placement.

____32. If my child did later go into a regular class. I would prefer the teacher not know he was in a special class.

____33. I have some reservations about letting my child be used in demonstrating a teaching technique to observers.

____34. I have reservations about my child's behavior, progress, etc. being discussed with observers.

____35. I feel that filming and taping my child's class for demonstration should be kept at a minimum.

____36. I do not wish to have graduate students, externs, interns, practicing various techniques with my youngster.

____37. I feel that I need more contact with the teaching staff of the program.

____38. I feel that I need more contact with the administrative staff of the project.

____39. I feel at ease in talking to other people about my child's program.

____40. I would like to see less in the way of visitors to my child's class.

____41. We need more information from the project about other community services

____42. The requirements for parents in this project are too demanding.

____43. I would prefer that the money for this program did not come from the federal government.

____44. The pre-school program should be set up for the afternoon also.

____45. The morning program is too long for my child.

____46. These questionnaires are an invasion of my privacy.

Preschool Project
Lincoln School Annex
Chapel Hill, N. C.
March 5, 1971

Dear Parents:

In response to interest expressed by some of you, the Project is considering sponsoring a series of workshops for siblings of children enrolled in our program. We appreciate your awareness that the brothers and sisters of our students play a vital role in the development of the handicapped child.

Possible goals toward which these sessions could be directed include:

1. A general knowledge of the Preschool's schedule, curriculum, methods of teaching, and teaching objectives.

2. An understanding and acceptance of the handicapped sibling's abilities and a knowledge of how brothers and sisters can follow up on individual learning programs at home.

3. An ability to recognize and handle the feelings such as anger or frustration that sometimes hinder a normal child in learning to interact appropriately with the handicapped sibling.

4. A general knowledge of the causes of handicaps and how they can be explained to others.

5. A knowledge of what the normal sibling can do to help the family and the handicapped brother or sister to cope with the problems of daily living.

6. Awareness of kinds of activities that can be shared with the handicapped sibling in the home and in the community.

We hope that these sessions will be meaningful steps in the development of your children's understanding of their roles within the family and in enabling them to share family responsibility in training your handicapped child.

Please complete the enclosed form and return it by mail in the self-addressed, stamped envelope as soon as possible, so that, if there is sufficient interest in such meetings, we can begin discussing definite dates and times. At present we are considering a series of late Sunday afternoon sessions at Lincoln School. Thank you for your cooperation.

Gloria Martin
Social Work Intern

Please fill out and return:

Parents' Name_____

Children in Family

Name:	Age:	Sex:
1._____	_____	_____
2._____	_____	_____
3._____	_____	_____
4._____	_____	_____
5._____	_____	_____

Are you interested in your children attending these workshops?

yes_____ no_____

Are your children willing to participate in these sessions?

yes_____ no_____

Do you feel that your child would like to have a "best friend" accompany him to these meetings?

yes_____ no_____

Are you aware of other siblings of handicapped children who might be interested in attending?

Names:_____

_____

_____

What goals would you like to see accomplished by these sessions?

_____

_____

_____

_____

_____

_____

PRIORITY OF SERVICES TO PARENTS
(PSP SCALE)

Please rank those areas which you feel are most important. Put a one (1) beside the most important area, a two (2) beside the next most important, and so on. Please do not use a number more than once.

_____Provide training to parents.

_____Interpret test results.

_____Provide transportation.

_____Suggest other available services in the community.

_____Counseling for family problems.

_____Establish parent organization.

_____Provide afternoon program.

PARENTAL PRIORITY FOR DEVELOPMENTAL GROWTH

(PPDG SCALE)

Please rank those areas which you feel are most important for your child to learn while he or she is in the pre-school program. Put a one (1) beside the most important area, a two (2) beside the next most important, and so on. Please do not use a number more than once.

_____Fine motor development, i.e., coordination of fine or small muscles used for activities such as tying shoes, using scissors, buttoning clothes, stacking blocks, using a pencil, etc.

_____Gross motor development, i.e., coordination of large muscles in activities such as walking, jumping, riding a tricycle, throwing a ball, etc.

_____Receptive language, i.e., understanding what is said, such as in following directions, understanding simple commands, for example: "Bring me a toy", "Open the door".

_____Expressive language, i.e., naming objects, stating what he wants, stating likes and dislikes, expressing his needs and feelings.

_____Social development, i.e., relating with adults, teachers, peers in appropriate manner such as sharing, cooperating, playing.

_____Emotional development, i.e., appropriate expression of feelings and emotions such as controlling temper, not crying excessively, not hitting, biting or hurting others.

SUPERVISORY RECORD SHEET

Supervisor_____ Teacher_____

Date_____ Time_____

Number of Children Present_____

1. Activities Observed:

2. Feedback to Teacher and Aide:

3. Suggestions:

4. Follow-up:

OBSERVATION REPORT

Staff Member _____ Date of Observation _____

Time of Observation _____

Name of Project or Program Observed _____

Address _____

List your objectives for observing this program (what do you expect to see or learn?)

Which of your objectives were met?

How can you adapt or interpret what you observed or learned into your program?

List other activities or components of the program you observed that might be of interest to other staff members.

PRACTICUM INTERN'S EVALUATION

The purpose of this questionnaire is to (1) give you an opportunity to express your assessment of the practicum site; and (2) to provide feedback to your supervisor and the training site staff. Your assessment will be used to modify and hopefully improve the practicum experience for those who follow.

Please answer the following items by writing to the left of each item the number which best describes your assessment:

1 - very good 2 - good 3 - average 4 - poor 5 - very poor

____ 1. Frequency of supervisor visits to the training site.

____ 2. Length of supervisor's visits to the training site.

____ 3. Time of day supervisor visited training site.

____ 4. Use of supervisory time.

____ 5. Supervisor's observation of trainee's Individual Lesson.

____ 6. Supervisor's observation of trainee's Group Lesson.

____ 7. Opportunity for self critique of video taped lesson.

____ 8. Supervisor's critique of trainee's individual lesson.

____ 9. Supervisor's critique of trainee's group lesson.

____10. Supervisor's critique of trainee's video taped sessions.

____11. General use of video tapes as an instructional technique for teaching trainees.

____12. Supervisor's suggestions for self made materials.

____13. Training site's provision for intern's teaching space.

____14. Supervisor's suggestions for commercial materials.

____15. Supervisor's suggestions for use of special materials with specific children.

____16. Training site's provision for intern's planning space.

____17. Supervisor's fund of information on Behavior Modification.

____18. Training site's provision for teaching materials.

1 - very good 2 - good 3 - average 4 - poor 5 - very poor

_____19. Supervisor's fund of information on Task Analysis.

_____20. Training site's provision for observation space.

_____21. Supervisor's fund of information on children being taught.

_____22. Training site's provision for intern's orientation to the Project.

_____23. Supervisor's help with Group Lesson plans.

_____24. Training site's provision for intern's orientation to the children.

_____25. Supervisor's help with Individual Lesson plans.

_____26. Training site's provision for preliminary observation.

_____27. Supervisor's encouragement to try new approaches.

_____28. Training site's reference materials.

_____29. Training site's general willingness to assist interns.

_____30. Training site's use of volunteers.

_____31. Training site's use of volunteers to assist interns.

_____32. Ability of teacher aides to work with interns.

_____33. Training site's use of teacher aides to assist interns.

_____34. Amount of time for planning activity.

_____35. Training site's use of Recreation students to work with interns.

_____36. Ability of Recreation students to assist interns.

_____37. Training site administrative staff's willingness to help interns.

_____38. Training site administrative secretarial help.

_____39. Master teacher's suggestions for self made teaching materials.

_____40. Training site's demand on intern's time for teaching.

_____41. Training site's demand on intern's time for meetings.

_____43. Master teacher's suggestions for commercial teaching materials.

1 - very good 2 - good 3 - average 4 - poor 5 - very poor

____44. Master teacher's fund of information about the children.

____45. Amount of trainee's contact with parents.

____46. Master teacher's fund of information regarding behavior modification.

____47. Location of the training site.

____48. Master teacher's fund of information regarding task analysis.

____49. Helpfulness of Project consultants.

____50. Master teacher's skill in demonstrating teaching techniques.

____51. Master teacher's skill in critique of trainee's group lesson.

____52. Master teacher's skill in critique of trainee's individual lesson.

Education of the

Developmentally Handicapped Preschool Child

CAROLINA TTARR SCALE

TEACHER/TEACHER AIDE ROLES AND RESPONSIBILITIES SCALE

prepared by

J. Michael Hennike
Project Evaluation Coordinator
and
Donald E. Taylor
Project Director

HCEEAA Preschool Project
for
Developmentally Handicapped Children
Chapel Hill City Schools
Chapel Hill, North Carolina
Donald E. Taylor
Project Director

funded by
U.S. Office of Education
Bureau of Education for the Handicapped
Washington, D.C.

CAROLINA TTARR SCALE

Name_____ Date_____

_____ Teacher _____Teacher Aide

_____ Other (Specify)_____

Name of Your Agency_____

Type of Child Served by Your Agency_____

Number of Children Served by Your Agency_____

Kinds of Services Provided by Agency_____

_____

_____

THE CAROLINA TTARR SCALE

THE CAROLINA TEACHER/TEACHER-AIDE
ROLES AND RESPONSIBILITIES
SCALE

Directions:

Please fill out the following scale by writing the number to the left of each item which best describes your position regarding that item. Do not omit any items, and write only one number for each item. Please do not hesitate to endorse either response extreme if it best describes your feeling on the matter.

The numbers you are to use represent the following:

7 - Exclusively the teacher's responsibility.
6 - Primarily the teacher's responsibility.
5 - Usually the teacher's responsibility, but often the teacher-aide's responsibility.
4 - Teacher and teacher-aide share equal responsibility.
3 - Usually the teacher-aide's responsibility, but often the teacher's responsibility.
2 - Primarily the teacher-aide's responsibility.
1 - Exclusively the teacher-aide's responsibility.

____1. Informing parents about parent meetings.

____2. Assigning duties to volunteers.

____3. Answering questions of observers.

____4. Planning recreational activities.

____5. Preparation of a snack.

____6. Selecting field trip sites.

____7. Carrying out individual daily lessons.

____8. Suggesting kinds of consultant help.

____9. Planning in-service activities.

____10. Purchase of instructional materials.

____11. Critique of teacher's group lesson.

____12. Staying late with a child whose parents are delayed.

____13. Helping individual child get ready to leave (i.e., putting on wraps).

7 - Exclusively the teacher's responsibility.
6 - Primarily the teacher's responsibility.
5 - Usually teacher's responsibility, but often aide's responsibility.
4 - Teacher and aide share equal responsibility.
3 - Usually the aide's responsibility, but often teacher's responsibility.
2 - Primarily the aide's responsibility.
1 - Exclusively the aide's responsibility.

____14. Determining exclusion of a child from a group lesson because of disruptive behavior.

____15. Selecting criteria for determining accomplishment of lesson objective.

____16. Planning individual daily lessons.

____17. Seeing that a child stays at the lunch table.

____18. Planning field trips.

____19. Giving permission to observe.

____20. Discarding instructional materials as inappropriate or "valueless".

____21. Seeking redress of grievances with school principal.

____22. Determining degree of value of specific instructional materials.

____23. Demonstrating teaching methods.

____24. Behavior management during teacher's group lesson.

____25. Cleaning up after an art lesson.

____26. Getting the children ready for a snack.

____27. Obtaining permission slips for field trips from parents.

____28. Helping a child eat his snack or lunch.

____29. Carrying out a group lesson.

____30. Seeking the aid of the Project Director.

____31. Consulting with professionals regarding a child's problem.

____32. Handling a conflict with a regular classroom teacher.

____33. Getting the group of children ready to go home at the end of the day.

7 - Exclusively the teacher's responsibility.
6 - Primarily the teacher's responsibility.
5 - Usually teacher's responsibility, but often aide's responsibility.
4 - Teacher and aide share equal responsibility.
3 - Usually aide's responsibility, but often teacher's responsibility.
2 - Primarily the aide's responsibility.
1 - Exclusively the aide's responsibility.

____34. Telling children to put materials away on completion of an activity.

____35. Reminding parents of the time to pick up their child.

____36. Construction of materials.

____37. Evaluating in-service program.

____38. Asking parents about a child's behavior at home.

____39. Adoption of specific instructional materials.

____40. Assigning specific materials to certain children.

____41. Cleaning up after the snack.

____42. Planning field trip transportation.

____43. Controlling children's behavior on field trips.

____44. Attending parent meetings.

____45. Evaluation of individual lesson plans.

____46. Planning group lesson.

____47. Making suggestions for material development.

____48. Asking parents to volunteer their services.

____49. Teaching an art lesson.

____50. Carrying out in-service activities.

____51. Reporting to parents concerning a child's progress.

____52. Answering parents' questions about the total project.

____53. Setting up appointments with parent.

____54. Critique of an individual teaching session which the teacher taught.

7 - Exclusively the teacher's responsibility.
6 - Primarily the teacher's responsibility.
5 - Usually teacher's responsibility, but often aide's responsibility.
4 - Teacher and aide share equal responsibility.
3 - Usually aide's responsibility, but often teacher's responsibility.
2 - Primarily the aide's responsibility.
1 - Exclusively the aide's responsibility.

____55. Terminating lunch period.

____56. Terminating individual lesson period.

____57. Returning food to storage area.

____58. Seeking the aid of the project coordinator for evaluation and the parent program.

____59. Seeking the aid of the project coordinator of curriculum and supervisor of teachers.

____60. Demonstrating teaching materials.

____61. Asking observers to sign the observation book and fill out demonstration blank.

____62. Interpreting developmental profile.

____63. Relating test results to parents.

____64. Explaining activities to observing parents.

____65. Seeing that a child does not eat others' food at snack and lunch time.

____66. Keeping the child's records current.

____67. Keeping the files in order.

____68. Keeping the charts and project records current.

____69. Making systematic observations of problem behavior.

____70. Determining behavioral goals for individual children.

____71. Assessing a child's general progress.

____72. Requesting a reevaluation in certain developmental areas.

____73. Determining the need for additional testing.

7 - Exclusively the teacher's responsibility.
6 - Primarily the teacher's responsibility.
5 - Usually teacher's responsibility, but often aide's responsibility.
4 - Teacher and aide share equal responsibility.
3 - Usually aide's responsibility, but often teacher's responsibility.
2 - Primarily the aide's responsibility.
1 - Exclusively the aide's responsibility.

____74. Writing progress reports to parents.

____75. Helping a child separate from his parents.

____76. Soliciting volunteers.

____77. Supervising volunteers.

____78. Assigning duties to graduate student trainees.

____79. Greeting observers.

____80. Supervising graduate student trainees.

____81. Ordering supplies.

____82. Evaluating graduate student trainees.

____83. Explaining an activity to observers.

____84. Maintaining general attractiveness of the classroom.

____85. Decorates room for special occasions.

____86. Keeps roll book current.

____87. Decorates room for special occasions.

____88. Operates audio-visual aids equipment.

____89. Cares for plants and other living displays.

____90. Takes care of instructional materials.

____91. Takes children to rest room or "potty chair".

____92. Cleans blackboard and erasers.

7 - Exclusively the teacher's responsibility.

6 - Primarily the teacher's responsibility.

5 - Usually the teacher's responsibility, but often aide's responsibility.

4 - Teacher and aide share equal responsibility

3 - Usually aide's responsibility, but often teacher's responsibility.

2 - Primarily the aide's responsibility.

1 - Exclusively the aide's responsibility.

___93. Maintains supply of cups, kleenex, paper towels, etc.

___94. Checks to see that children do not leave personal articles when they go home.

___95. Changes child's clothing if he soils himself.

___96. Keeps the classroom schedule and calendar current.

___97. Aids child outside if he has locomotion difficulty.

___98. Files and catalogues materials.

___99. Takes children outside to play.

___100. Does the writing on the blackboard.

___101. Helps set up a program at home for parent to work with child.

___102. Supervises hallways, toilets, drinking fountains.

___103. Takes phone calls that come to the classroom.

___104. Supervises the moving of children to and from all activities.

___105. Attends and represents program at conventions and professional meetings.

HCERAA Preschool Project
for
Developmentally Handicapped Children
Donald E. Taylor
Director

funded by
U.S. Office of Education
Bureau of Education for the Handicapped
Washington, D.C.

WORKSHOP PARTICIPANT
EVALUATION FORM

To be filled out by participant:

____Teacher ____Teacher Aide ____Administrator/ Supervisor

____Medical ____Psychologist ____Other (Specify)

Name of Your Agency:_____

Address:_____

Type of Child Served by Your Agency:_____

_____Number of Children Served:_____

Kinds of Services Provided by Agency:_____

_____

Date of Workshop:_____

Workshop Location:_____

. . . . . .

To be Filled Out by Workshop Staff:

Number of Participants:_____

Workshop Staff Members:

We are requesting that you fill out the following form which will be helpful in our evaluation of this workshop. It is hoped that your feedback will enable us to provide improved workshops and training institutes in the future.

Directions:

This form attempts to cover those areas that received attention in the workshop. Since the needs of workshop participants vary, some areas will be quite relevant to your recent workshop experience and others will not have been explored at all.

Please attempt to evaluate all topics and activities to which you were exposed. Beside the items which were not appropriate to your workshop, write NA.

To the left of each item write the number which corresponds to your feeling regarding that item. The following key is provided:

1 - great practical value

2 - some practical value

3 - cannot determine value

4 - little practical value

5 - no practical value

____A general description of referral procedures.

____A general description of the Chapel Hill Preschool Project.

____A description of pre-school project staff organization.

____A description of the project classrooms and their organization.

____A description of the children served by the project.

____A description of daily classroom schedules.

____A description of training activities for student trainees.

____The discussion relating to teacher/teacher aide roles and responsibilities.

____The discussion relating to utilization of diagnostic services.

____The topic relating to diagnostic testing for individuals.

_____The video tape or slides of project activities.

_____The demonstration of diagnostic teaching.

_____The demonstration of commercial materials.

_____The demonstration of self-made materials.

_____The demonstration of task analysis.

_____The demonstration of sequencing.

_____The demonstration of modeling.

_____The lecture/discussion on behavior modification.

_____The demonstration of behavior modification.

_____The demonstration on developing instructional objectives.

_____The demonstration on lesson criteria.

_____The demonstration on cueing.

_____The demonstration on stimulus structuring.

_____The demonstration on lesson critiquing.

_____The lecture/discussion on teacher supervision.

_____The lecture/discussion on in-service teacher training.

_____The lecture/discussion on parent programs.

_____The discussion on project-community relationships.

_____The discussion on program evaluation.

_____The handout materials.

_____The reading references and bibliography.

_____The curriculum discussion.

_____The daily lesson plans.

Education of the
Developmentally Handicapped Preschool Child

FUNCTIONS OF THE NEWSLETTER

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I. Introduction

One of the major thrusts in programs for handicapped children is the inclusion of parents and the recognition of their special needs and interests related to their handicapped children. One means of maintaining parental involvement while at the same time disseminating to them information concerning their child's program is the publication of a program newsletter. The Chapel Hill Preschool Project for Developmentally Handicapped Children, a U. S. Office of Education Demonstration Project, has utilized its monthly newsletter, The Preschool Preview, to involve and inform parents and to meet a variety of needs and purposes.

II. Purposes

The primary purpose of the newsletter is to keep parents informed about the ongoing activities of the project. This includes the learning experiences of children, and group and training activities for parents and staff.

The newsletter can also be used to provide parents with information and suggestions for helping their handicapped children.

Another purpose of the newsletter is the dissemination of information concerning community services and organizations for parents, as well as information about state and national issues related to handicapped children.

Finally, the newsletter can help meet a variety of needs in public relations. The newsletter mailing list can include program advisory councils, school board members, other agencies, local and state education leaders and political figures.

III. Content

To fulfill the purposes enumerated above, the content of a newsletter should be carefully selected. The selection of articles and news items should also be

based on the interests and needs of the readers, and might include the following topics.

Descriptions of Learning Experiences for Children. Parents are vitally interested in accounts of the educational activities provided for their children. The newsletter can help to meet this interest through descriptions of major activities; and references to their child, by name, should be included.

Suggested Home Activities. Carryover of instructional programming from school to home can be facilitated by concrete suggestions for home activities related to classroom activities. Such suggestions need not consist of structured, formal activities, but should emphasize the many informal opportunities for learning in the home environment. Articles containing suggestions for helping children at home can be included. Such articles can be written by staff members, exerpted from published material, or written by parents.

Information About Program Organization and Services. The roles and functions of various staff members, and descriptions of program services available to parents should be included. A "Meet the Staff" section aids in the development of rapport between parents and staff. This section may also be used to provide program evaluation data to parents.

Information About Local and State Services. Parents of handicapped children often have problems which can not be dealt with in an educational setting. Articles about community and state resources and services are often helpful.

Parent Input. Through a Letters to the Editor column or a column made up of parents' comments or reactions to a variety of issues, parents can have a part in the newsletter. (We call our regular parent section "Parents Speak Out"). Examples of topics we have emphasized in this section are "local programs or services I would

like to see developed or improved for my child" and "parents recall their initial reactions to being told their child was handicapped".

National and State Trends and Issues. Articles discussing issues and trends relating to services for the handicapped should be a part of the newsletter. These might include discussions of pending state and federal legislation, and of issues such as day care for young children. A selected bibliography of books and articles might be included in this section.

Information Gathering. The newsletter can be an effective means of disseminating simple data collection instruments to parents. Brief, well-designed questionnaires may be included from time to time as a means of evaluating program activities and assessing unmet needs of parents and children.

IV. Guidelines

Consideration of the following suggestions should help to make the newsletter an important adjunct to a program or project for handicapped children.

1. Keep it simple. Don't confuse or "turn off" parent readers by over-using highly technical language. This does not mean writing down to parents. The newsletter should provide meaningful definitions whenever technical terms must be used.
2. Include a variety of content. The interests and needs of parents are quite varied. Be sensitive to these needs and interests.
3. Involve the total program staff. Putting out the newsletter should not be the total responsibility of one staff member. Everybody has to be involved and everybody has something to contribute.
4. Involve parents in some phases of the newsletter. Parents can type, mimeograph, staple and mail the publication, suggest articles of interest or topics they

would like to see discussed, and also write certain sections of the newsletter.

5. Evaluate your newsletter continuously through feedback from readers. Find out which articles are of most interest and what kinds of things your readers would like to know.

V. Sample Topics From Recent Newsletters

"Association for Retarded Children". A discussion of the membership, purposes and value of the Orange County Association for Retarded Children.

"Mental Retardation as a Family Problem", exerpted from Mental Retardation as a Community Problem, by Ignacy Goldberg, Ph.D.

"Developmental Disabilities Services and Facilities Act of 1970". A description of this federal bill and its aims.

"Learning Brought Home". An introduction to a program of suggestions for home activities.

"Behavior Modification". A speech made to a parents group by psychologist Dr. Carolyn Schroeder.

"The Special Education Division of the State Department of Public Instruction". A discussion of this division and a description of the ways in which it has been of help to the project.